



The City of Lowell • Dept. of Planning and Development • Division of Development Services
Lowell City Hall • 375 Merrimack Street • Lowell, MA 01852
P: 978.674.4144 • F: 978.446.7103
www.LowellMA.gov

NEW

FOOD

ESTABLISHMENT

PACKET

Introduction

The Department of Planning and Development administers the Massachusetts State Sanitary Code in Lowell. The Massachusetts State Sanitary Code regulates food service practices and restaurant management. All licensed establishments are inspected at least twice per year. Establishments found to be at higher risk will receive multiple inspections throughout the year. Inspectors respond to all complaints such as unsanitary conditions and illness in licensed premises.

This packet was created to streamline the process of opening a food establishment. It will review and include:

- What you need to apply for a food establishment permit
- The Health Inspection Process
- Food Establishment Permit Application
- Business Certificate Form
- Dumpster Permit
- Certifications Required to Open
- Basic Food Safety Information
- Certificate of Inspection (Alcohol Only)

If you have any concerns regarding the building code contact: Development Services, Building Commissioner: 978-674-1455

If you have any concerns regarding the health code or the health inspection process contact Jimmy Le at 978-674-1465

If you have any questions regarding application/packet contact: Nicole Chasse, Head Clerk, 978-674-1461.

To Apply for a Food Establishment Permit:

- 1) Submit a copy of the Certificate of Occupancy (C.O.) for intended use
 - Change of Ownership for Maintained/Change of Use \$125.00
- 2) Submit a food establishment permit application to **Dept. of Planning and Development at City Hall, room 55**
 - Food establishment permits must be renewed annually; **food permits expire each year on December 31st**
- 3) Provide a copy of your certifications:
 - Food Safety Manager Certificate
 - Allergen Awareness Certificate
 - Chokesaver Certificate ONLY for establishments with 25 seats or more
 - Crowd Manager Certificate for bars, discos, nightclubs with over 100 occupants
- 4) Submit Certificate of Inspection application (Alcohol Only)
 - Certificate of Inspection applications must be renewed annually; **Certificates of Inspection permits expire each year on December 31st**
- 5) Provide documented extermination program
- 6) Provide a copy of the first and last page of lease that includes lease holder contact information
- 7) Dumpster and oil drums are required for every establishment
- 8) New operations – Provide a floor plan and request an appointment for plan review
- 9) Before doing any work, please schedule an initial inspection with Jimmy Le. He can be reached at 978-674-1465 or jle@lowellma.gov.

The following permits may be needed for your business:

- Food permit \$200.00 per year,
- Victualler \$75.00 per year; for businesses that serve food, and do not have a liquor license
- Certificate of Inspection (Alcohol Only) \$125.00 per year
- Catering \$200.00 per year
- Dumpster Permit \$50.00 per year
- Tobacco \$125.00 per year
- Bakery \$200.00 per year

Health Inspection Process

The Department of Planning and Development inspects approximately 550 food service establishments each year to monitor their compliance with city and state food safety regulations. Every food service establishment in Lowell receives an unannounced, onsite inspection at least twice a year to check if it is meeting food safety requirements. Additional inspections are conducted to investigate any complaints.

Health inspectors will check for the following:

1. Food Protection Manager Certification, Allergen Awareness Certification, and Food Permit all should be hung in a visible, centralized location. (Chokesaver should also be hung if applicable.)
2. Sinks
 - a. Three-bay sink, needs grease trap.
 - b. Slop sink.
 - c. Prep sink.
 - d. Hand washing sink with liquid soap and paper towels (in food prep area).
 - e. All sinks must have an easily cleanable back splash.
 - f. Water Temperatures: Hand sink 110°F – 130°F.
3. Any appliances such as ovens, fryers, refrigerators, freezers, dishwashers, for their service tags, effectiveness and cleanliness. Refrigerator temperatures should be 41°F or below, freezers should be 0°F.
4. ANSUL systems for service tag, grease and dirt.
5. Thermometers in all refrigeration units and freezers.
6. Protective shields or covers on lights in food prep areas.
7. All restrooms must have self-closing doors, liquid soap, ventilation, paper towels or hand dryers. Women's rooms must have a covered waste basket.
8. All kitchen staff must wear hair restraints and gloves.
9. Wiping cloths and sanitizer kits needed.
10. Clean dumpster area.

Certificates Required Opening a Food Business:

Food Safety Manager Certificate

To obtain a food safety **manager** certificate contact **one** of the approved vendors below www.servsafe.com/ and sign up for the **ServSafe Manager Course**. After passing the course, the certificate is valid for **five years**.

ServSafe National Restaurant Association:

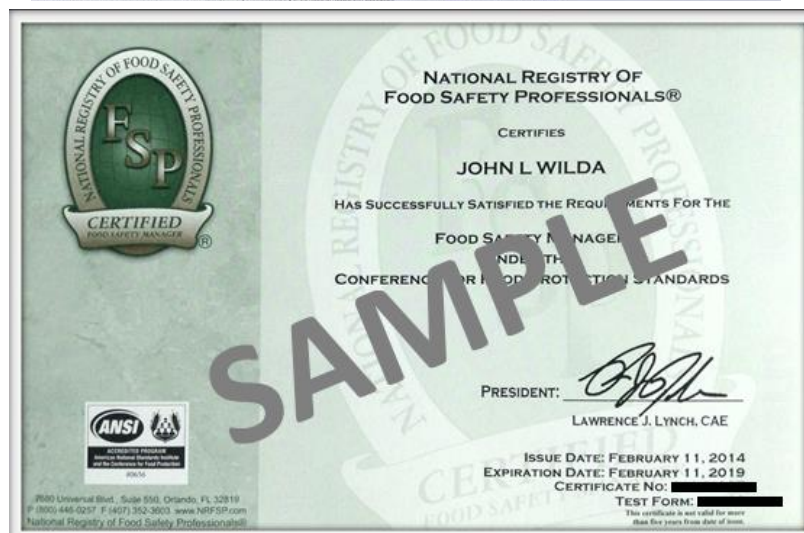
- Visit their website at www.servsafe.com
- Make sure you sign up for the food safety **manager** certificate

National Registry of Food Safety Professionals:

- Visit their website at www.nrfsp.com
- Test formats are available in Spanish, Korean, Chinese, and Japanese.

360training:

- Visit their website at www.360training.com



Allergen Awareness Certificate

To obtain an allergen awareness certificate online, visit a vendor's website, pay \$10, and follow the instructions for watching the allergen awareness video. The certificate will be valid for **five years**. This is a list of approved vendors:

ServSafe National Restaurant Association:

- Visit their website at <http://www.servsafe.com/ss/catalog/productDetail.aspx?ID=1844>

CompuWorks:

- Visit their website at www.compuworks.com
- Contact Cindy Crampe at ccrampe@compuworks.com
- Call 781-295-1501

Berkshire Area Health Education Center:

- Visit their website at www.berkshireahec.org
- Contact Sheila Dargie at sdargie@berkshireahec.org
- Call 413-447-2417 x1108

The certificate is valid for five years. Allergen signage stating: “Before placing your order, please inform your server if a person in your party has a food allergy” needs to be posted on menus and cannot be smaller than the menu item fonts. This needs to be printed on the bottom of take-out menus as well.



ChokeSaver Certificate

Anti-Choke Law

105 CMR 590.009(E) requires that all food service establishments containing **25 seats or more** must have a person certified in choke saving on premises when food is being served. CPR Certificates are valid for 2 years unless otherwise indicated.

To obtain a CPR certificate you can visit one of these websites:

Chokesaver

[www.chokesaver.com/ \(Local\)](http://www.chokesaver.com/)

American Heart Association

CPR: 887-242-4277

www.americanheart.org/cpr

UMass Lowell's CPR and First Aid course

Heart Saver CPR/AED

<http://www.uml.edu/UML-EMS/CPR-and-First-Aid.aspx>

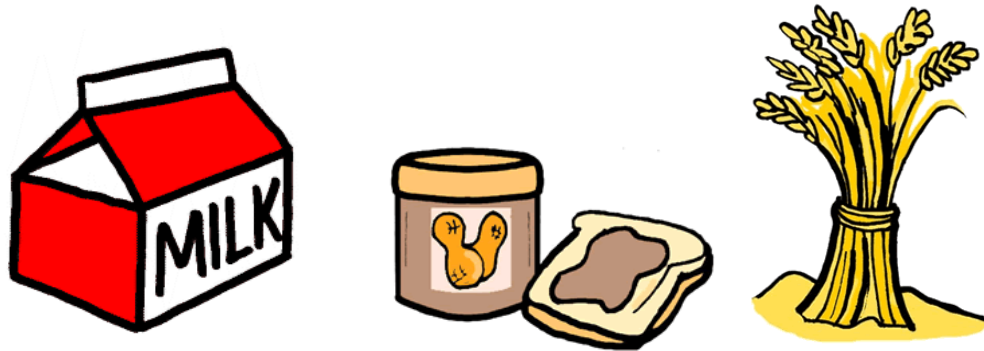
Crowd Manager Certification

527 CMR 10.13 requires every nightclub, dance hall, discothèque or bar, with an **occupant load of 100 persons or more** to designate a Crowd Manager for every 250 occupants.

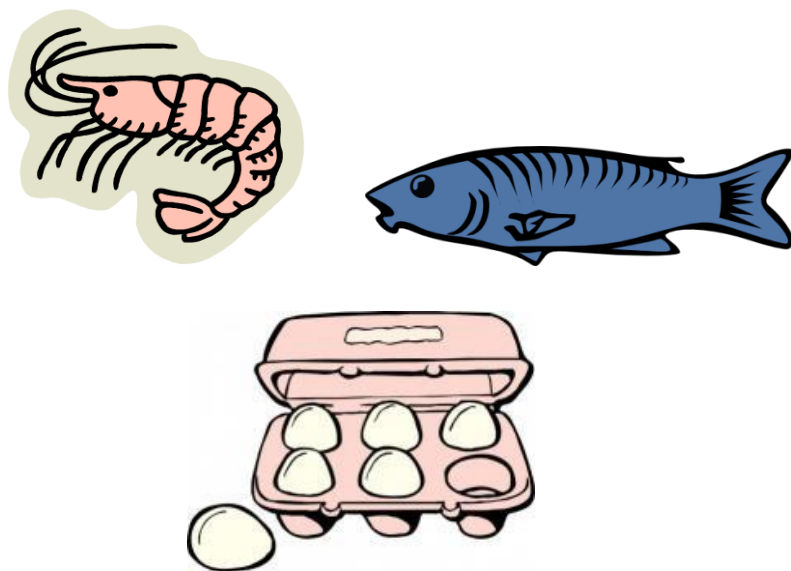
To obtain a Crowd Manager certificate, create a new account and complete the online training at:

public.eopsselearning.com/





BEFORE PLACING YOUR ORDER,
PLEASE INFORM YOUR SERVER
IF A PERSON IN YOUR
PARTY HAS A FOOD ALLERGY.



Food Allergies

what you need to know



Millions of people have food allergies that can range from mild to life-threatening.

Most Common Food Allergens



Peanuts



Tree nuts



Fish



Shellfish



Eggs



Milk



Wheat



Soy

*** Always let the guest make their own informed decision.**

When a guest informs you that someone in their party has a food allergy, follow the four R's below:

- **Refer** the food allergy concern to the chef, manager, or person in charge.
- **Review** the food allergy with the guest and check ingredient labels.
- **Remember** to check the preparation procedure for potential cross-contact.
- **Respond** to the guest and inform them of your findings.

*** Sources of Cross Contact:**

- Cooking oils, splatter and steam from cooking foods.

When any of the below come into contact with food allergens, all must be washed thoroughly in hot, soapy water:

- All utensils (spoons, knives, spatulas, tongs, etc.), cutting boards, bowls and hotel pans.
- Sheet pans, pots, pans and **DON'T FORGET FRYERS AND GRILLS.**

*** If a guest has an allergic reaction, notify management and call 911.**

Foodborne Illness Is Serious Business

Foodborne illness can strike anyone. However, some people are at a higher risk for developing foodborne illness. These include pregnant women, young children, older adults and people with weakened immune systems.



Four Steps to Food Safety

1. **CLEAN: Wash hands and surfaces often**

Bacteria can be spread throughout the kitchen and get onto hands, cutting boards, utensils, counter tops and food.

2. **SEPARATE: Separate raw meats from other foods**

Cross-contamination can occur when bacteria are spread from one food product to another. This is especially common when handling raw meat, poultry, seafood and eggs. The key is to keep these foods—and their juices—away from ready-to-eat foods.

3. **COOK: Cook to the right temperatures**

Food is safely cooked when it reaches a high enough internal temperature to kill the harmful bacteria that cause illness. Refer to the Safe Cooking Temperatures Chart for the proper internal temperatures. Food is done when it reaches the safe minimum internal temperature.

4. **CHILL: Refrigerate foods promptly**

Refrigerate foods quickly because cold temperatures slow the growth of harmful bacteria. Do not over-stuff the refrigerator. Cold air must circulate to help keep food safe. Keeping a constant refrigerator temperature of 40°F or below is one of the most effective ways to reduce the risk of foodborne illness. Use an appliance thermometer to be sure the temperature is consistently 40°F or below and the freezer temperature is 0°F or below. Use or discard refrigerated food on a regular basis. Follow the recommendations in the Refrigerator & Freezer Storage Chart found at

SAFE COOKING TEMPERATURES
as measured with a food thermometer

Food Type	Internal temperature
Ground Meat & Meat Mixtures	
Beef, Pork, Veal, Lamb	160°F
Turkey, Chicken	165°F
Fresh Beef, Pork, Veal, & Lamb	145°F with a 3 minute rest time
Poultry	
Chicken & Turkey, Whole	165°F
Poultry Parts	165°F
Duck & Goose	165°F
Stuffing (cooked alone/in bird)	165°F
Ham	
Fresh (raw)	145°F with a 3 minute rest time
Pre-cooked (to reheat)	140°F
Eggs & Egg Dishes	
Eggs	Cook until yolk & white are firm
Egg Dishes	160°F
Seafood	
Fin Fish	145°F or flesh is opaque & separates easily with fork
Shrimp, Lobster & Crabs	Flesh pearly & opaque
Clams, Oysters & Mussels	Shells open during cooking
Scallops	Milky white or opaque & firm
Leftovers & Casseroles	165°F

Since product dates aren't a guide for safe use of a product, consult this chart and follow these tips. These short but safe time limits will help keep refrigerated food 40° F (4° C) from spoiling or becoming dangerous.

- Purchase the product before "sell-by" or expiration dates.
- Follow handling recommendations on product.
- Keep meat and poultry in its package until just before using.
- If freezing meat and poultry in its original package longer than 2 months, overwrap these packages with airtight heavy-duty foil, plastic wrap, or freezer paper, or place the package inside a plastic bag.

Because freezing 0° F (-18° C) keeps food safe indefinitely, the following recommended storage times are for quality only.

Product	Refrigerator	Freezer
Eggs		
Fresh, in shell	4 to 5 weeks	Don't freeze
Raw yolks, whites	2 to 4 days	1 year
Hard cooked	1 week	Don't freeze well
Liquid pasteurized eggs or egg substitutes, opened	3 days	Don't freeze
unopened	10 days	1 year
Mayonnaise, commercial	2 months	Don't freeze
TV Dinners, Frozen Casseroles		
Keep frozen until ready to heat		3 to 4 months
Deli & Vacuum-Packed Products		
Store-prepared (or homemade) egg, chicken, tuna, ham, macaroni salads	3 to 5 days	Don't freeze well
Pre-stuffed pork & lamb chops, chicken breasts stuffed w/dressing	1 day	Don't freeze well
Store-cooked convenience meals	3 to 4 days	Don't freeze well
Commercial brand vacuum-packed dinners with USDA seal, unopened	2 weeks	Don't freeze well
Raw Hamburger, Ground & Stew Meat		
Hamburger & stew meats	1 to 2 days	3 to 4 months
Ground turkey, veal, pork, lamb	1 to 2 days	3 to 4 months
Ham, Corned Beef		
Corned beef in pouch with pickling juices	5 to 7 days	Drained, 1 month
Ham, canned, labeled "Keep Refrigerated," unopened	6 to 9 months	Don't freeze
opened	3 to 5 days	1 to 2 months
Ham, fully cooked, whole	7 days	1 to 2 months
Ham, fully cooked, half	3 to 5 days	1 to 2 months
Ham, fully cooked, slices	3 to 4 days	1 to 2 months
Hot Dogs & Lunch Meats		
Hot dogs, opened package	1 week	1 to 2 months
unopened package	2 weeks	1 to 2 months
Lunch meats, opened package	3 to 5 days	1 to 2 months
unopened package	2 weeks	1 to 2 months

Product	Refrigerator	Freezer
Soups & Stews		
Vegetable or meat-added & mixtures of them	3 to 4 days	2 to 3 months
Bacon & Sausage		
Bacon	7 days	1 month
Sausage, raw from pork, beef, chicken or turkey	1 to 2 days	1 to 2 months
Smoked breakfast links, patties	7 days	1 to 2 months
Summer sausage labeled "Keep Refrigerated," unopened	3 months	1 to 2 months
opened	3 weeks	1 to 2 months
Fresh Meat (Beef, Veal, Lamb, & Pork)		
Steaks	3 to 5 days	6 to 12 months
Chops	3 to 5 days	4 to 6 months
Roasts	3 to 5 days	4 to 12 months
Variety meats (tongue, kidneys, liver, heart, chitterlings)	1 to 2 days	3 to 4 months
Meat Leftovers		
Cooked meat & meat dishes	3 to 4 days	2 to 3 months
Gravy & meat broth	1 to 2 days	2 to 3 months
Fresh Poultry		
Chicken or turkey, whole	1 to 2 days	1 year
Chicken or turkey, parts	1 to 2 days	9 months
Giblets	1 to 2 days	3 to 4 months
Cooked Poultry, Leftover		
Fried chicken	3 to 4 days	4 months
Cooked poultry dishes	3 to 4 days	4 to 6 months
Pieces, plain	3 to 4 days	4 months
Pieces covered with broth, gravy	3 to 4 days	6 months
Chicken nuggets, patties	3 to 4 days	1 to 3 months
Fish & Shellfish		
Lean fish	1 to 2 days	6 months
Fatty fish	1 to 2 days	2 to 3 months
Cooked fish	3 to 4 days	4 to 6 months
Smoked fish	14 days	2 months
Fresh shrimp, scallops, crawfish, squid	1 to 2 days	3 to 6 months
Canned seafood	after opening	out of can
Pantry, 5 years	3 to 4 days	2 months

New Business Check-List

Food Establishment:

- ☐ Food Establishment Inspection Report
- ☐ Food permit Application
- ☐ Certificate of Liability Insurance
- ☐ Workers' Compensation Insurance affidavit
- ☐ Certificate of Inspection (\$125.00) (Alcohol Only)
- ☐ Certificate of Occupancy for intended use
 - ☐ Change of use (125.00)
 - ☐ Maintain use (125.00)
- ☐ Lease
- ☐ Food Safety Manager Certificate (ServSafe)
- ☐ Allergen Awareness Certificate
- ☐ Choke saver Certificate (25+ seats only)
- ☐ Crowd Manager Certificate (bars, discos, nightclubs w/ 100+ occupants)
- ☐ Dumpster application
- ☐ Business Certificate (applied in Clerks Office)
- ☐ Pest Control Plan

Mobile Food Truck/Push Cart:

- ☐ Check or Money order (\$200.00)
- ☐ Application
- ☐ Workers Comp Affidavit
- ☐ Food Safety Manager Certificate (ServSafe)
- ☐ Allergen Awareness Certificate
- ☐ Registration for the truck
- ☐ Driver's License
- ☐ Hawker and Peddler's License
- ☐ Copy of liability insurance
- ☐ Propane Inspection
- ☐ Business Certificate
- ☐ **Sells Fish:** Retail Seafood Truck Dealer Permit (Dept. of Fish and Game)
- ☐ **Ice Cream Truck:** Update city of Lowell ice cream truck permit from Lowell Police

Retail Stores (Pre-packaged Food Only):

- ☐ Food Establishment Inspection Report
- ☐ Food permit Application
- ☐ Workers' Compensation Insurance Affidavit
- ☐ Certificate of Occupancy for intended use
 - ☐ Change of use (125.00)
 - ☐ Maintain use (125.00)
- ☐ Lease
- ☐ Dumpster application
- ☐ Business Certificate
- ☐ Pest Control Plan
- ☐ Certificate of Liability

Cottage Residential Kitchen

- ☐ Inspection Report (Kitchen will be inspected twice a year)
- ☐ Application
- ☐ Food Safety Manager Certification
- ☐ Allergen Awareness Certification
- ☐ Liability Insurance
- ☐ Business Certification
- ☐ Copy of agreement from property owner or condo association
- ☐ NO SALE OF TIME SENSITIVE FOOD OR TEMPERATURE SENSITIVE FOOD
- ☐ BUSINESS COULD BE SUBJECT TO FINES IF TRASH IS NOT DISPOSED OF AND STORED PROPERLY

Permits needed Annually:

- ☐ Retail Food, Restaurant, Bakery, Catering, Private School (200.00)
**Expires 12/31*
- ☐ Retail Food Supermarket (300.00)
**Expires 12/31*
- ☐ Food Truck, Pushcarts, Canteen Truck, Ice Cream Truck (200.00) **Expires 5/31*
- ☐ Certificate of Inspection (Alcohol Only) (125.00)
**Expires 12/31*
- ☐ Victualler (75.00)
- ☐ Dumpster (50.00)
- ☐ Tobacco (125.00)

Food Establishment Permit Application

(Application must be submitted at least 30 days before planned opening date)

1. Establishment Name:

2. Establishment Address:

3. Establishment Mailing Address (if different):

4. Establishment Telephone No.

5. Applicant Name & Title:

6. Applicant Address:

7. Applicant Telephone No.:

24-Hour Emergency No.:

8. Owner Name & Title (if different from applicant:)

9. Owner Address (if different from applicant:)

10. Establishment Owned By:

- ☐ An association
- ☐ A corporation
- ☐ An individual
- ☐ A partnership
- ☐ Other legal Entity:

11. If corporation or partnership, give name, title, and home address of officers or partner.

Name

Title

Home Address

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)	
Name & Title:	
Address:	
Telephone No.: Fax:	
Emergency Telephone No.:	
13. District or Regional Supervisor (if applicable)	
Name & Title:	
Address:	
Telephone No.: Fax:	
14. Water Source: DEP Public Water Supply No. (if applicable):	15. Sewage Disposal:
16. Days and Hours of Operation:	17. No. of Food Service Employees:
18. Name of Person in Charge with Food Protection Manager Certification: (Required in accordance with 105 CMR 590.003A) Please attach copy of certificate	
19. Person Trained in Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach copy of certificate	
20. Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	22. Establishment Type (check all that apply): <input type="checkbox"/> Retail (____ sq. ft.) <input type="checkbox"/> Food Service (____ Seats) <input type="checkbox"/> Food Service – Take Out <input type="checkbox"/> Food Service – Institution <input type="checkbox"/> Residential Kitchen for Retail Sale

21. Length of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/ Dates: <input type="checkbox"/> Temporary/Dates/Time:		<input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Desert Manufacturer <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery
23. Food Operations (check all that apply): Definitions: PHF – Potentially Hazardous Food (Time/Temperature Controls required) Non-PHF – Non-potentials Hazardous Food (no time/temperature controls required) RTE – Ready To Eat foods are foods that are edible and need no additional food preparation. (ex. sandwiches, salads, muffins.)		
<input type="checkbox"/> Sale of commercially pre-packaged Non-PHFs <input type="checkbox"/> Sale of commercially pre-packaged PHF's <input type="checkbox"/> Delivery of packaged PHF's <input type="checkbox"/> Reheating of commercially processed foods for service within 4 hours. <input type="checkbox"/> Customer self-service of non-PHF and Non-Perishable Foods <input type="checkbox"/> Preparation of Non-PHFs <input type="checkbox"/> Offers RTE or PHF in Bulk Quantities <input type="checkbox"/> Other (describe): <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> PHF Cooked to order <input type="checkbox"/> Preparation of PHFs for cold holding for single meal service <input type="checkbox"/> Sale of raw animal foods intended to be prepared by Customer <input type="checkbox"/> Customer Self-Service <input type="checkbox"/> Ice Manufactured and packaged for Retail Sale <input type="checkbox"/> Juice Manufactured and packaged for retail sale <input type="checkbox"/> Retail sale of Salvage, Out-of-Date or reconditioned food <input type="checkbox"/> Prepares food/single meals for catered events or institutional food service	<input type="checkbox"/> Hot PHF cooked and cooled or hot held for more than a single meal service <input type="checkbox"/> PHF and RTE foods prepared for highly susceptible populations <input type="checkbox"/> Vacuum Packaging <input type="checkbox"/> Use of Process requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control) <input type="checkbox"/> Offers raw or undercooked food of animal origin

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

For cottage/residential kitchen food permits: I, the undersigned, understand that there will be no sale of time or temperature sensitive food. I also understand that the business could be subject to fines if trash is not disposed and stored properly. There will be no customers to the residence.

24. Signature of Applicant:

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

25. Social Security Number or Federal ID:

26. Signature of Individual or Corporate Name:



City of Lowell

Division of Development Services

375 Merrimack Street, Room 55

Lowell, MA 01852

P: 978.674.4144

F: 978.446.7103

Certificate of Inspection

Fee: Calculated

Property Address: _____ Unit No: _____

Office Use
Only

Applicant Name: _____

Phone No: (____) _____ Email: _____

Application #

Address: _____

Fee Amount

City: _____ State: _____ Zip: _____

Check #

Building and Use Information

Business Name: _____

Description: _____

Permit #

Type of Use (select one):

☐ Restaurant w/o Alcohol

☐ Restaurant w/Alcohol

☐ Night Club

☐ Bar, Pub

☐ Other Assembly w/o Alcohol

☐ Other Assembly w/Alcohol

☐ Residential No of Units: _____

☐ Special Residential

☐ Institutional

☐ Day Care

☐ Educational

For a description of Use Types, see 780 CMR Section 110.7, www.mass.gov

In accordance with the City of Lowell's Code of Ordinances, I acknowledge and certify that:

- Information provided above is accurate;
- Expiration, non-renewal, or revocation of the Certificate of Inspection may result in any licenses to operate a business being suspended or revoked, and/or an order to vacate the building being issued.
- The City will issue fines for failure to comply with the State Building Code and the City's Code of Ordinances.

Signature _____

Date _____

Food Truck Location Application

Business Name: _____ License Plate #: _____

Business Owner: _____ Driver's License #: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Please choose one of the following:

Please circle to indicate if it
is Public or Private Property:

☐ Permanent Location: (You will be at this location every day)

Address: _____ Public _____ Private _____

☐ Multiple Locations: (Your location changes each day)

Sunday: _____ Public _____ Private _____

Monday: _____ Public _____ Private _____

Tuesday: _____ Public _____ Private _____

Wednesday: _____ Public _____ Private _____

Thursday: _____ Public _____ Private _____

Friday: _____ Public _____ Private _____

Saturday: _____ Public _____ Private _____

*Please note this is an application for the location you would prefer and does not guarantee you that location. If the location is approved you will receive your permit with the location on it. If the location is denied you will be contacted to provide a new location.

**Locations are first come first serve and the permit does not guarantee you the location.

By signing below, you:

- Hereby apply for a Mobile Food Truck Permit for the above named business/establishment or facility, at the above indicated location.
- Certify that the information provided above is accurate and complete, and agree to notify the Division of Development Services of any updates. Note that incomplete/inaccurate applications will delay your application!
- Agree to pay the Fee Amount indicated for your business/establishment or facility
- Agree to park and serve at your approved locations only.

Signature

Date



City of Lowell

Division of Development Services

375 Merrimack Street, Room 55

Lowell, MA 01852

P: 978.674.4144

F: 978.446.7103

Dumpster Permit

Fee: \$50.00 Per Dumpster

Dumpster permit will expire one year from month issued.

Address Where Dumpster is Located: _____

Applicant

Establishment Name: _____

Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: (____) _____ Email: _____

Office Use
Only

Application #

Fee\$

Check #

Permit #

Dumpster Service

Company Name: _____

Number of Dumpsters: _____

Current Permit No (if applicable): _____

Dumpster Size(s): _____

Service Schedule:

☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other (describe): _____

Required with this application is

- A plot plan or other documentation (photo, drawing, etc) indicating where the dumpster is/will be located on the property.

In accordance with the City of Lowell's Code of Ordinances and Board of Health Regulations, I certify and acknowledge that the:

- Information provided above is accurate;
- City will issue fines for failure to comply with the City's Code of Ordinances and Regulations.

Signature _____

Date _____

***Commonwealth of Massachusetts
Business Certificate***

Business Certificate #

In conformity with the provision of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of

Name of Business

Business Address

Business E-mail: _____

by the following named person(s) or Corp. fullname:

Name/Corp. _____ Signature: _____

Residence (St, City, Zip): _____ Email: _____

Name/Corp. _____ Signature: _____

Residence (St, City, Zip): _____ Email: _____

Name/Corp. _____ Signature: _____

Residence (St, City, Zip): _____ Email: _____

Name/Corp. _____ Signature: _____

Residence (St, City, Zip:) _____ Email: _____

Name/Corp. _____ Signature: _____

Residence (St, City, Zip): _____ Email: _____

Purpose of filing this Business Certificate:

☐ New Business ☐ Renewal of an expiring business certificate ☐ Change in a business address

☐ Partial withdrawal of an owner

A certificate issued in accordance with this Section shall be in force and effective for 4 years from the date of issue and shall be renewed each 4 years thereafter so long as such business shall be conducted, and shall lapse and be void unless so renewed.

Middlesex S.S.

The Commonwealth of Massachusetts

On this day of _____, before me, the undersigned Notary Public or City Clerk's designee, personally appeared: _____

proved to me through satisfactory evidence of identification, which were:

to be the person(s) whose name(s) is/are signed on this document, and who swore or affirmed to me that the contents of the document are truthfull and accurate to the best of his/her/their knowledge and belief.

Notary Public

My Commission Expires: _____

The Business Certificate expires on: _____ (Notarial or City Seal)